# LOUISIANA HEALTHCARE DATABASES
## *Enhancing the Current Initiatives*

**Louisiana Department of Health & Hospitals**

Robert Starszak
Public Health Epidemiologist

Frances Sagona
Consumer Engagement Manager

DEPARTMENT OF
**HEALTH**
AND HOSPITALS

# TODAY'S AGENDA

* Introduction
* Business Case for Change
* Quality Matters
* Enhancements
* Timeline
* Rule Making Process
* Next Steps
* Questions and Answers
* Open Forum

**DEPARTMENT OF HEALTH AND HOSPITALS**

# INTRODUCTION

# HISTORY OF HEALTHCARE-DATA COLLECTION AT DHH

* Louisiana Hospital Inpatient Discharge Database (LAHIDD).
* Established by virtue of Act 622 of 1997.
* Inpatient data beginning in 1998.
* Purpose:
  * Assess community health status & resources
  * Assure availability & provisions of quality services
  * Develop health policy that accurately addresses community needs.

DEPARTMENT OF HEALTH AND HOSPITALS

# Current Process
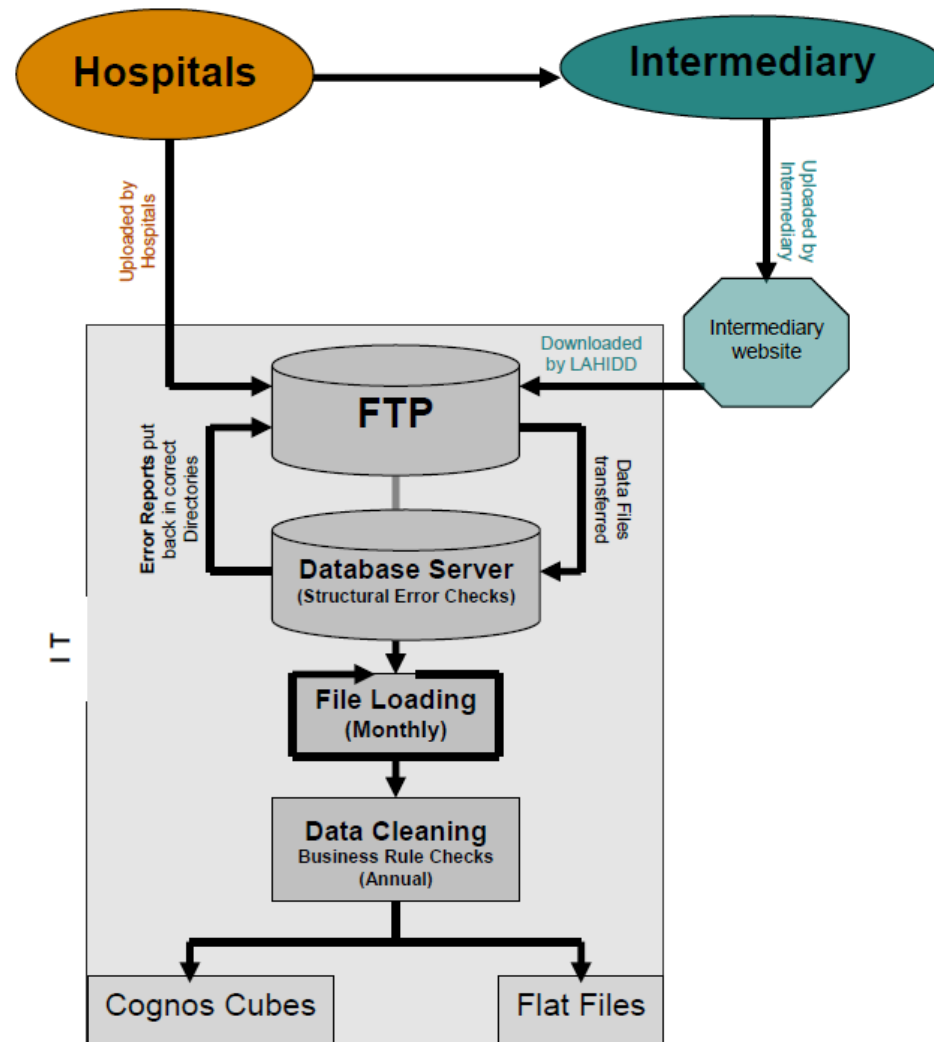
# CURRENT STATUS OF LAHIDD

* Recent Discharges from 2007 to 2011:

| YEAR | DISCHARGES |
|------|-----------:|
| 2007 | 517,370 |
| 2008 | 539,910 |
| 2009 | 565,298 |
| 2010 | 530,560 |
| 2011 | 590,826 |

* 5-year average = 548,793 discharges

**DEPARTMENT OF HEALTH AND HOSPITALS**

# CURRENT STATUS OF LAHIDD (continued)

* Hospital Compliance in 2011:

| Type of Hospital | Number Compliant | Number in the State | Percent Compliant |
|---|---|---|---|
| **All Types** | **114** | **228** | **50** |
| Acute Care | 82 | 101 | 81 |
| Long-Term Acute Care | 9 | 39 | 23 |
| Children's | 1 | 2 | 50 |
| Psychiatric | 2 | 39 | 5 |
| Rehabilitation | 1 | 20 | 5 |
| Critical Access | 19 | 27 | 70 |

* 75% of hospital beds were accounted for.

* The goal?  Achieve **100%** hospital compliance.

**DEPARTMENT OF HEALTH AND HOSPITALS**

# BUSINESS CASE FOR CHANGE

# LOUISIANA HEALTH CARE CONSUMERS' RIGHT TO KNOW ACT

* Consumer Right to Know Act 537 of 2008 (R.S. 40:1300.111 - 1300.114).

* Provides for the collection and publication of provider-specific health care quality and outcome data by the Department of Health and Hospitals (DHH).

* House Resolution 197 (2013) - Urges and requests DHH to continue developing its "Louisiana Health Finder" website to publicize consumer-oriented information on health care providers.

**DEPARTMENT OF HEALTH AND HOSPITALS**

# WHY CHANGE?

* Laws and regulations have been amended.
* Privacy and technical standards have changed since the initiation of LAHIDD.
* Data elements have either been added or removed following greater adoption across the nation.
* Current administrative burden to report to DHH.
* Insufficient ability for facilities to view and submit file changes ahead of final data submission.
* Demand for increased reporting necessitates appropriate risk adjustments and equity for comparisons.

**DEPARTMENT OF HEALTH AND HOSPITALS**

# BENEFITS TO THE CHANGES

* **Improved Specifications**
  * HIPAA-compliant data collection ensures the latest safeguards.

* **Improved Quality Reporting**
  * Risk adjustments are enhanced by new data elements.
  * Ability to engage in national reporting initiatives (e.g., HCUP).
  * AHRQ Quality Indicators.
  * Enhance internal state collaborations (e.g., Birth Outcomes).

* **Improved Oversight and Management**
  * Ensure facility compliance/universal participation.
  * Increased DHH accountability.
  * Data update/preview cycles for facilities.

**DEPARTMENT OF HEALTH AND HOSPITALS**

# QUALITY MATTERS

# QUALITY HEALTHCARE

**DHH recognizes that Louisiana Hospitals are**:

* **Focusing on quality**, transitions in care and putting in place principles and protocols that have shown better outcomes for patients in Louisiana.

* **Undeniably working hard** to transform the care they deliver to be safer and much more efficient.

* **Vibrant parts of the communities** and are changing to improve care outcomes

**DEPARTMENT OF HEALTH AND HOSPITALS**

# HOSPITAL PERFORMANCE MATTERS TO CONSUMERS

**American Hospital Quality Outcomes 2013: Healthgrades Report to the Nation:**

* *45%* **are not aware that data is available** on hospital performance related to surviving a care episode or experiencing unexpected complications. This kind of hospital quality information could mean the difference between a smooth surgery and complications, or even worse, life and death.

* *86%* **would be more likely to choose** (or not choose) a hospital if they could learn ahead of time their risk of dying for a given procedure or treatment.

**DEPARTMENT OF HEALTH AND HOSPITALS**

# USES OF THE DATA

* Statewide healthcare utilization data can be used to **target intervention strategies** and **prioritize funding** for prevention activities, as well as bring to light the population's healthcare access needs.

* Allow consumers to make **informed decisions** about their healthcare options.

* Fulfill programmatic and **policy mandates** of DHH programs and other Louisiana state agencies.

* Generate statistics for **research** by the federal government, universities, non-profit organizations, media outlets, and members of the general public.

**DEPARTMENT OF HEALTH AND HOSPITALS**

# LOSUISIANA HEALTH FINDER

* The Louisiana Health Finder website went live in 2010 and was developed in response to the Consumer Right to Know Act – 537.

* Empowers consumers with information on the cost, quality, and performance of health care providers and plans.

* Provides reliable health care information on providers and services, access to better care, compares prescription drug prices, and offers advice on how to take advantage of additional resources.

**DEPARTMENT OF HEALTH AND HOSPITALS**

# www.HealthFinderLA.gov

# Quality Reporting Programs

# AHRQ QUALITY INDICATORS

* **Patient Safety Indicators** reflect quality of care for adults inside hospitals, and focus on potentially avoidable complications and medical mistakes

* **Inpatient Quality Indicators** reflect quality of care for adults inside hospitals and include inpatient mortality for selected medical conditions and procedures such as pneumonia, inpatient heart attack, and stroke.

* **Prevention Quality Indicators** hospital inpatient discharge data identify quality of care for "ambulatory care sensitive conditions. Conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease.

* **Quality Indicators** screen for problems that pediatric patients experience as a result of exposure to the healthcare system and that may be amenable to prevention by changes at the system or provider level.

**DEPARTMENT OF HEALTH AND HOSPITALS**

# PUBLIC HEALTH DATA UTILIZATION

* Baseline and trend data on healthcare utilization used to **identify missed opportunities** to improve healthcare delivery.

* Provide policymakers with timely statewide healthcare data required to **prioritize funding** for prevention and intervention initiatives.

* Enhance disease surveillance programs to develop prevention policies targeted to **at-risk** populations.

DEPARTMENT OF **HEALTH** AND HOSPITALS

# HEALTHCARE COST AND UTILIZATION PROJECT (HCUP)

* Federal-State-Industry partnership and sponsored by the Agency for Healthcare Research and Quality (AHRQ).

* Family of health care databases and related software tools and products.

* HCUPnet is an online query system that provides publicly available healthcare databases.

* Includes national and regional statistics

**DEPARTMENT OF HEALTH AND HOSPITALS**

# HCUP PARTICIPATION



HCUP Partners Providing 2011 Inpatient Data
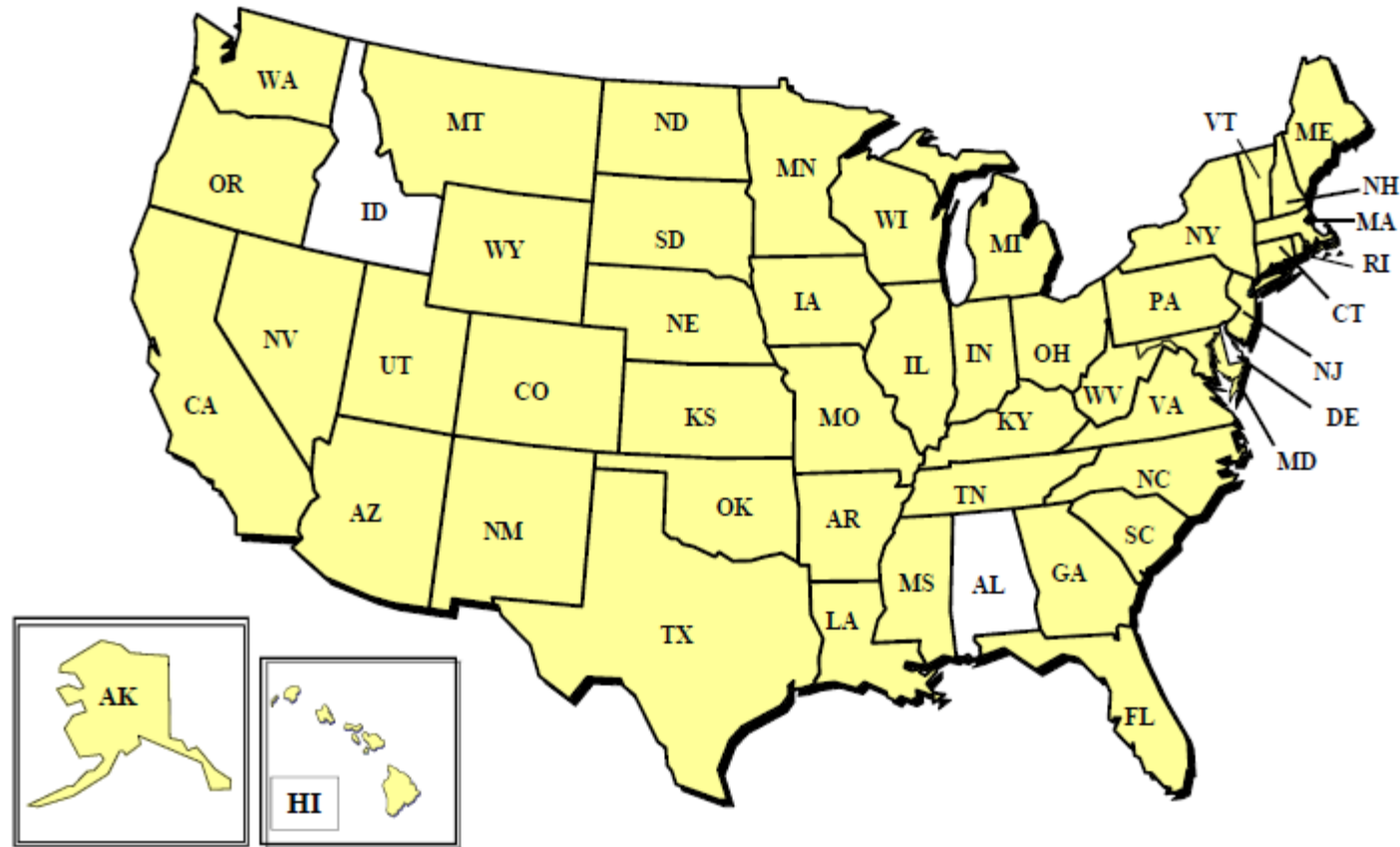
Key: Participating / Non-participating

# ENHANCEMENTS

# WORKING WITH PARTNERS

* Louisiana Hospital Association

* Louisiana Ambulatory Surgery Association

* Healthcare-Database Software Vendors

* NAHDO

# NATIONAL ASSOCIATION OF HEALTH DATA ORGANIZATIONS (NAHDO)

* National non-profit organization dedicated to improving health care data collection and use. NAHDO and its members:

  * Support the development of public domain health data organizations and the use of their data to address national, state, and local issues and patient-level concerns
  * Promote uniformity and standardization of health data collection and dissemination among public, private, and voluntary data collectors and users
  * Promote cooperation among public and private entities that collect, analyze, and disseminate health data
  * Promote the development of uniform privacy regulations and strict penalties for misuse of patient identifiable data
  * Provide timely access to the latest developments, trends, and expertise in health care information.

**DEPARTMENT OF HEALTH AND HOSPITALS**

# HEALTH CARE SERVICE COLLECTION

* Inpatient (IP) – LAHIDD to be revised and expanded.

* Emergency-department (ED) – New database.

* Hospital- and non-hospital-based ambulatory-surgery (AS) – New database.

**DEPARTMENT OF HEALTH AND HOSPITALS**

# CHANGES TO ANTICIPATE

* Where applicable, hospitals are now required to submit ED and AS data in addition to IP.

* Free-standing AS centers are now responsible for data submittal.

* File specifications follow national standards

* The method of data submittal will be replaced.

**DEPARTMENT OF HEALTH AND HOSPITALS**

# CHANGES TO ANTICIPATE (PROPOSED)

* Data submittals will be monthly instead of quarterly.

* Facilities will be granted 45 days from the end of a given month to produce the data for that month.

* Data for a given month may be resubmitted as frequently as needed for up to 3 months after the end of the reporting month.

* The file is considered closed and cannot be resubmitted.

**DEPARTMENT OF HEALTH AND HOSPITALS**

# SPECIFICATIONS

* HIPAA-compatible.

* Transmittals of healthcare data using institutional claim format **837**.

* Electronic-data interchange (EDI) transactions using ANSI ASC X12 version **5010** standards (http://www.x12.org).

    * Will accommodate ICD-10 code sets to be implemented on October 1, 2014.

* Data specifications maintained by NUBC (http://www.nubc.org).

DEPARTMENT OF HEALTH AND HOSPITALS

# 837 STRUCTURE

* CMS shifted away from flat files
* Allows for easy transition to ICD-10
* Components
  * Loops – organized by the categories of information
  * Segments – define the hierarchy of associated categories of information in the loops
  * Data Elements – variable in length

**DEPARTMENT OF HEALTH AND HOSPITALS**

# PARTICIPATING FACILITIES

* All hospitals licensed by DHH
  * Acute
  * LTAC
  * Children
  * Psychiatric
  * Rehab
  * Critical Access
* All ambulatory surgical centers licensed by DHH
  * Free standing
  * Hospital-based
* Exclusions
  * Military
  * VA
  * IHS

**DEPARTMENT OF HEALTH AND HOSPITALS**

# IDENTIFYING RECORDS

* All three types of records (IP, ED, AS) will be identified by the Facility Type Code
    * Formerly "Type of Bill" data element
* Codes and Values
    * "11" = Hospital Inpatient (Including Medicare Part A)
    * "12" = Hospital Inpatient (Medicare Part B only)
    * "13" = Hospital Outpatient
    * "73" = Clinic – Freestanding
    * "75" = Clinic - Comprehensive Outpatient Rehab Facility (CORF)
    * "83" = Ambulatory Surgery Center
    * "85" = Critical Access Hospital
* Coding Examples
    * Hospital, IP, New claim: *CLM\*2745331203128112806\*0.00\*\*\****11:A:1~***
    * Hospital, ED, Void/Cancel *of prior claim: LM\*2745331203128112806\*0.00\*\*\****13:A:8~***
    * AS, New claim: *CLM\*2745331203128112806\*0.00\*\*\****83:A:1~***

# IDENTIFYING RECORDS (IP)

* Facility Type Codes:
  * "11" = Hospital Inpatient (Including Medicare Part A)
  * "12" = Hospital Inpatient (Medicare Part B only)
  * "85" = Critical Access Hospital
* Coding Example
  * Hospital, IP, New claim:
    CLM*2745331203128112806*0.00***11:A:1~

# IDENTIFYING RECORDS (ED)

* ED records will also be identified by the following Revenue Codes:

| Revenue Code | Description |
|---|---|
| 0450 | General Classification |
| 0451 | Emergency Medical Treatment and Active Labor Act (EMTALA) Emergency Medical Screening |
| 0452 | ER Beyond EMTALA |
| 0456 | Urgent Care |
| 0459 | Other Emergency Room |

**DEPARTMENT OF HEALTH** AND HOSPITALS

# IDENTIFYING RECORDS (AS)

* AS records will also be identified by the following Revenue Codes:

| Revenue Code | Category | Sub Category |
|---|---|---|
| 0360 | Operating Room Services | General Classification |
| 0361 | Operating Room Services | Minor Surgery |
| 0362 | Operating Room Services | Organ Transplant, Other than Kidney |
| 0367 | Operating Room Services | Kidney Transplant |
| 0369 | Operating Room Services | Operating Room Services |
| 0480 | Cardiology | General Classification |
| 0481 | Cardiology | Cardiac Catheter Lab |
| 0482 | Cardiology | Stress Test |
| 0483 | Cardiology | Echocardiology |
| 0489 | Cardiology | Other Cardiology |
| 0490 | Ambulatory Surgery | General Classification |
| 0499 | Ambulatory Surgery | Other Ambulatory Surgery Care |
| 0750 | Gastrointestinal Services | General Classification |
| 0790 | Extra-Corporeal Shock Wave | General Classification |

# CHANGES TO ANTICIPATE (IP Data Elements)

* 78% of IP data elements are already being reported.

* New elements to be collected include:

  * Service/Billing Provider NPI
  * Insured's Policy Number for Subscriber
  * Ethnicity
  * Subscriber/Patient Secondary ID Number
  * Source of Payment Typology
  * Patient Reason for Visit Code
  * Occurrence Span Code
  * Occurrence Information Code and Date
  * Measurement Code/Service Unit Count

**DEPARTMENT OF HEALTH AND HOSPITALS**

# CHANGES TO ANTICIPATE (IP Data Elements - continued)

* Value Information Code and Amount
* Condition Information Code
* Rendering Provider Name and Identifiers
* Insured's Policy Number for Other Subscriber
* [Secondary] Policy Number for Other Subscriber
* Present on Admission indicators on diagnosis codes
* Mother's Medical Record Number (links newborn's/mother's hospital stays)
* Preferred Language Spoken
* Additional Qualifier Codes
* Increased number of Diagnosis and Procedure Codes
* Non-Covered Charges Amount

**DEPARTMENT OF HEALTH AND HOSPITALS**

# SUBMISSION PROCESS

* Data files are currently submitted to DHH through a secure FTP server.

* Details on the new submission process will be forthcoming.

# PROPOSED REPORTING SCHEDULE BY MONTH

| Patient's Month of Discharge | Deadline for Initial Submittal of Data | Deadline for Final Submittal of Revised/Updated Data |
|---|---|---|
| January | March 17 (March 16 if a leap year) | April 30 |
| February | April 14 (April 13 if a leap year) | May 31 |
| March | May 15 | June 30 |
| April | June 14 | July 31 |
| May | July 15 | August 31 |
| June | August 14 | September 30 |
| July | September 14 | October 31 |
| August | October 15 | November 30 |
| September | November 14 | December 31 |
| October | December 15 | January 31 of the following year |
| November | January 14 of the following year | February 28 of the following year (February 29 if a leap year) |
| December | February 14 of the following year | March 31 of the following year |

**DEPARTMENT OF HEALTH AND HOSPITALS**

# PROPOSED DATA-COLLECTION TIMELINE

| | |
|---|---|
| January 1, 2014 | Updated standards for inpatient (IP) data become effective. |
| October 1, 2014 | Begin submission of 2014 IP data. |
| January 1, 2015 | Newly-created standards for emergency-department (ED) data become effective. |
| April 1, 2015 | Deadline for submission of one year's worth of IP data. |
| July 1, 2015 | Begin submission of ED data. |
| January 1, 2016 | Newly-created standards for ambulatory-surgery (AS) data become effective. |
| February 15, 2016 | Deadline for submission of one year's worth of ED data. |
| July 1, 2016 | Begin submission of AS data. |
| February 15, 2017 | Deadline for submission of one year's worth of AS data. |

**DEPARTMENT OF HEALTH AND HOSPITALS**

# RULEMAKING PROCESS

# PROPOSED DHH ADMINISTRATIVE RULE

* To be released in September 2013; effective January 1, 2014.

* Replaces 1998 Rule which was promulgated by virtue of Act 622 of 1997.

* Provides procedures and guidelines for the reporting of statewide health care data, the protection of the confidentiality of certain data elements, and the use of data in research and public health practice.

**DEPARTMENT OF HEALTH AND HOSPITALS**

# PROPOSED DHH ADMINISTRATIVE RULE (continued)

* Objective is to better understand patterns and trends in the availability, use, and charges of health care services in Louisiana, and underlying patterns of disease which necessitate these services in the state.

* Rule allows flexibility to health care facilities in the submission process (e.g., timelines, waivers/extensions).

* Louisiana achieves parity with national data collection and dissemination processes and policies.

**DEPARTMENT OF HEALTH AND HOSPITALS**

# PROPOSED DHH ADMINISTRATIVE RULE (continued)

Rule Sections:

* Purpose
* Definitions
* Confidentiality
* Use of Health Care Records by DHH
* Use of Health Care Records in Research
* Use of Health Care Records in Public Health Practice
* Health Care Data Submittal – General
* Health Care Data Submittal – Schedules
* Health Care Data Submittal – Use of Data Processing Intermediaries
* Health Care Data Submittal – Extensions and Waivers
* Health Care Data Submittal – Data Errors and Certifications
* Health Care Data Submittal – Specifications
* Health Care Data Submittal – Data Elements

**DEPARTMENT OF HEALTH AND HOSPITALS**

# NEXT STEPS

# NEXT STEPS

* Listening Sessions

| Meeting Date | Meeting Time | Meeting Location |
|---|---|---|
| 7/16/13 | 1:00 PM | Ray Oliver Wright Health Unit, Monroe |
| 7/17/13 | 9:00 AM | Willis-Knighton Pierremont Health Center, Shreveport |
| 7/23/13 | 1:00 PM | SMS Training Academy, Lafayette |
| 7/24/13 | 2:00 PM | Christus St. Patrick Hospital, Lake Charles |
| 7/30/13 | 10:00 AM | West Jefferson Medical Center, Marrero |
| 8/1/13 | 9:00 AM | DHH Headquarters, Baton Rouge |

* Additional Webinars
* Ongoing Support from DHH

DEPARTMENT OF HEALTH AND HOSPITALS

# NEXT STEPS

* August 1, 2013 – Last listening session
* August 5, 2013 – Vendors submission evaluation begins
* August 13, 2013 – Webinar to address questions and concerns generated during listening sessions
* August 30, 2013 – Final comments to manual
* September 2013 – Final version manual to be released

**DEPARTMENT OF HEALTH AND HOSPITALS**

# FOR MORE INFORMATION

## http://www.dhh.la.gov/DataReporting

Robert Starszak
Public Health Epidemiologist
Department of Health & Hospitals
(225) 342-7439: Office
(225) 342-8514: Fax
Robert.Starszak@la.gov

Frances Sagona
Consumer Engagement Manager
Department of Health & Hospitals
(225) 342-8507: Office
(225) 342-8514: Fax
Frances.Sagona@la.gov

**DEPARTMENT OF HEALTH AND HOSPITALS**

# QUESTIONS AND ANSWERS

# (OUR) QUESTIONS AND (YOUR) ANSWERS

1. What is the administrative burden to change requirements?
2. How do you currently report files? Vendor to LHA?
3. How are you charged by vendors to submit data files? Do intermediaries charge you?
4. How much lead time is needed to modify specifications ie NUBC changes?
5. What sort of reports/analytics would you want?
6. ICD10: what does that mean to you?
7. What is the best way for us to communicate with you?
   * Email
   * Sharepoint
   * Portal
   * Blog
8. How has EHR, Revenue Cycle Management, Workflow management affected bandwidth?
9. How should we deal with multiple facility locations?
10. Are there quality results worthwhile to report with this initiative?

**DEPARTMENT OF HEALTH AND HOSPITALS**

# OPEN FORUM